

2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 09/800,839		FILING DATE		
APPLICANT(S)							CLAIMS				
ADDRESS		AFTER 1ST ASSIGNMENT		AFTER 2ND ASSIGNMENT							
NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP		
1	/	/	/	/	/						
2	/	/	/	/	/						
3	/	/	/	/	/						
4	/	/	/	/	/						
5	/	/	/	/	/						
6	/	/	/	/	/						
7	/	/	/	/	/						
8	/	/	/	/	/						
9	/	/	/	/	/						
10	/	/	/	/	/						
11	/	/	/	/	/						
12	/	/	/	/	/						
13	/	/	/	/	/						
14	/	/	/	/	/						
15	/	/	/	/	/						
16	/	/	/	/	/						
17	/	/	/	/	/						
18	/	/	/	/	/						
19	/	/	/	/	/						
20	/	/	/	/	/						
21	/	/	/	/	/						
22	/	/	/	/	/						
23	/	/	/	/	/						
24	/	/	/	/	/						
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL NO.		TOTAL DEP.		TOTAL NO.		TOTAL DEP.		TOTAL NO.			
10		11		10		11		10			
21		21		21		21		21			